

COPING WITH POPULATION CHANGE IN IRELAND: THE IMPLICATIONS FOR HEALTHCARE

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Health and health care are particularly sensitive to the size and make-up of the population. As in most other affluent nations, life expectancy in Ireland has been increasing strongly in recent decades. This is to be celebrated and attests to real improvements in Irish society. Nonetheless, older people require both more health care, on average, than younger people and a different combination of services. Population ageing is not the only demographic challenge we face however. Relatively high numbers of births and recent inward migration have led to a larger population, and in combination with increased life expectancy, will lead to further increases in population in the future. This will exert increasing pressure on Irish health care resources. Effective planning for the consequences of these trends will be crucial in determining how successful we are in coping with the associated challenges.

A report** analysing the impact of changes in the size and composition of the population change on health needs and the healthcare system was published recently. The analysis was undertaken by a consortium of researchers from the ESRI and Trinity College Dublin and supported by the Health Research Board and Health Service Executive. The report showed that there will be significant population growth and ageing between 2009 and 2021. The central demographic projection estimates that the population will grow overall from 4.24 million in 2006 to between 4.71 million and 5.1 million by 2021 depending on migration developments. The age composition of the population will change with the proportion aged under 5 years projected to fall absolutely (by 32,000) and relatively (by 1.2 per cent). Those aged 65+ will increase from 11 per cent to 15.4 per cent of the population, with those aged 85+ increasing from 1.1 per cent to 2.1 per cent which represents an absolute increase of 42,900 individuals. The fall in the proportion of younger age groups will be most pronounced in Western and Southern counties.

Based upon current utilisation patterns these demographic changes would imply:

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- 5,214 more inpatient beds and 1,022 more day beds in Irish hospitals. This is a 54 per cent increase in inpatient beds and a 64 per cent increase in day beds between 2007 and 2020 or a total bed growth requirement of 4 per cent per annum.
- General practice consultations may increase by about one-third among those aged 16+ between 2006 and 2021 – a figure that could rise to close to half if projected changes in morbidity in the population are realised over the same period.
- Outpatient consultations may rise by about a quarter on a current use basis but integration of trends from the period from 2001 to 2006 would see the proportionate increase in consultations in 2021 rise by almost 60 per cent over 2006. Worsening epidemiological trends would increase this requirement still further.
- Projections of prescribing to 2021 estimate that total ingredient costs will escalate to €1.5 billion on a current use basis and €2.4 billion if past trends from 1995-2006 prevail from €1.06 billion in 2006. These are increases of 42 per cent and 126 per cent.
- Our preferred projection of demand for residential long-term care for people aged 65 years and over in 2021 is 35,200 places or 35,820 including current unmet need. This suggests a requirement for an additional 13,324 long-term care places or 59 per cent. This is 888 places per annum from 2007-2021 for people aged 65 years and over assuming an unchanged acute care system.

The increased demand for health care likely to stem from demographic and epidemiological change in the Irish population is significant. Even if national finances improve substantially, the current way in which care is delivered will be unsustainable within any reasonable budget given the nature of demographic change. This demands a reconfiguration and intensification in the use of health care resources and improvements in levels of efficiency. Changes in the manner in which current resources are used and a reorganisation of services will moderate the extent of investment in services required:

- A full implementation of the 2001 Primary Care Strategy would make better use of existing primary care resources and moderate the impact of population ageing and GP ageing and feminisation. Similarly, more and better use could be made of other medical professionals, such as practice nurses and pharmacists.
- However, even with restructuring the number of GPs being trained in Ireland will need to increase to keep pace with demographic developments. Implementing government policy of training 150 GPs a year would make a substantial difference but should healthcare policy

focus on increasing use of primary care this number would need to increase further.

- Analysis shows that a substantial proportion of resources in Irish outpatient care are expended on monitoring and maintaining chronic health conditions that could be just as successfully managed and much more cheaply managed in primary care.
- The HSE's preferred health system strategy is premised upon the reduction of average inpatient length of stay in Irish hospitals through the greater use of day case and particularly day surgery. Although the varying complexity of the case load across hospitals can lead to differences in day case rates, the current variability would suggest that there is substantial potential to increase day rates across the Irish hospital system and in doing so significantly increase the level of efficiency.
- Average length of stay is also influenced by patient characteristics and older age and chronic illness in particular. Analysis suggests that the lack of step down services has a critical influence in reducing the efficiency of acute hospitals in Ireland, particularly voluntary hospitals whose patient load tends to be older and more likely to have disabling conditions.
- The inter-dependency of health care sectors underlines the need to think about reform on a system-wide basis. A transition to a healthcare system focused more on care in the community than acute public hospitals will require development of both primary and long-stay services, as well as social care services, if it is to be practicable and not lead to a severe degradation in the level and quality of service.

**LAYTE, R. (ed.) [*Projecting the Impact of Demographic Change on the Demand for and Delivery of Healthcare in Ireland*](#), ESRI Research Series No. 13, Dublin: Economic and Social Research Institute.